

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/17/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>01/06/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE HEIGHTS OF SUMMERLIN, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>10550 PARK RUN DRIVE</b> <b>LAS VEGAS, NV 89144</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of the Complaint Investigation conducted at your facility on January 6, 2015, in accordance with CFR (Code of Federal Regulations) 42, Chapter IV, Part 483, Requirements for Long Term Care Facilities.</p> <p>The census on the day of the investigation was 184.</p> <p>The sample size was 11 residents.</p> <p>The complaint investigative process was initiated by the Division of Public and Behavioral Health on January 6, 2015</p> <p>Complaint #NV00041374: The complaint was unsubstantiated.</p> <p>The allegations included: 1) The facility failed to return medication to a resident at discharge, and 2) The facility caused a pressure sore.</p> <p>1) The allegation the facility failed to return medication to a resident at discharge was unsubstantiated via interview with the Director of Nursing, a nursing shift supervisor, and a page by page review of the entire medical record.</p> <p>2) The allegation the facility caused a pressure sore was unsubstantiated based on interview with the Director of Nursing and the treatment nurse, and review of the discharge summary from the previous facility, the nursing admission assessment, the treatment nurse assessment, and the wound care treatment records for the resident's other wounds.</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

01/23/2015

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	<p>Continued From page 1</p> <p>Complaint #NV00041416: The complaint was unsubstantiated.</p> <p>The complaint investigative process was initiated by the Division of Public and Behavioral Health on January 6, 2015</p> <p>The allegation the facility failed to properly execute bed hold notices was unsubstantiated based on interview with the Medical Records Director and the Director of Nursing, review of admission and transfer files for bed hold documentation, and the bed hold guidelines.</p> <p>Complaint #NV00041437: The complaint was substantiated.</p> <p>The complaint investigative process was initiated by the Division of Public and Behavioral Health on January 6, 2015</p> <p>The allegations included: 1) The facility failed to properly diagnose, treat and monitor residents receiving psychotropic medication, 2) The facility lacked diapers and linen, 3) The facility caused a resident's skin tear by an unsafe transfer.</p> <p>1) The allegation the facility failed to properly diagnose, treat, and monitor residents receiving psychotropic medication was substantiated based on review of diagnostic information, the physician orders list for psychotropics, quarterly reviews of psychotropic use, medication administration records, psychotropic consents, and Behavior Management Policy dated 12/31/10. See Tag #329.</p> <p>2) The allegation the facility lacked diapers and</p>	F 000			

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F 000	Continued From page 2 linen was unsubstantiated based on observations within the facility.  3) The allegation the facility caused a resident's skin tear with an unsafe transfer was unsubstantiated based on review of self reports, the resident's treatment record, and nursing notes.  The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	F 000			
F 329 SS=D	The following regulatory deficiency was identified: 483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS  Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.  Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and	F 329			

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F 329	<p>Continued From page 3</p> <p>behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, interview and policy review, the facility failed to conduct quarterly reviews of psychotropic medication use for 2 of 11 residents (Resident #1 and Resident #6), and failed to obtain a consent for psychotropic medication administration for 1 of 11 residents (Resident #11).</p> <p>Findings include:</p> <p>Resident #1</p> <p>On 9/14/06, Resident #1 was admitted with coronary atherosclerosis, and on 7/23/13, Resident #1 was readmitted with diagnoses of coronary atherosclerosis and cardiac dysrhythmias, and dementia with confusion.</p> <p>On 11/5/13, a physician ordered Celexa 10 milligrams daily for depression. The medical record showed Resident #1 received Celexa at the time of the on site visit.</p> <p>Resident #1's medical record contained one quarterly psychoactive medication review dated 11/24/14.</p> <p>On 1/6/15 in the afternoon, the Director of Nursing indicated there were no other completed</p>	F 329			

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F 329	<p>Continued From page 4 reviews in the medical record.</p> <p>According to the facility's policy Behavior Management (effective 12/31/10), "...Procedure...9. Following the admission, quarterly, annually, change in condition and as needed, the team will re-evaluate the effectiveness of non-drug interventions, the need for psychotropic medication, possible alternative(s) to use of psychotropic interventions ..."</p> <p>Resident #6</p> <p>On 10/26/06, Resident #6 was admitted with psychosis, and on 11/30/10, Resident #6 was readmitted with diagnoses of psychosis, muscle disuse atrophy, bipolar disorder, and schizophrenia.</p> <p>On 8/4/13, a physician ordered Zyprexa 10 milligrams daily for Schizo-affective disorder.</p> <p>On 8/14-15/13, a physician ordered Xanax 0.25 milligrams daily at 9:00 AM and 0.50 milligrams twice daily at noon and bed time for anxious feelings.</p> <p>On 8/1/14, a physician ordered Lexapro 10 milligrams daily for depression.</p> <p>The medical record showed Resident #1 received Zyprexa, Xanax, and Lexapro at the time of the on site visit.</p> <p>Resident #1's medical record contained one quarterly psychoactive medication review dated 11/24/14.</p>	F 329			

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F 329	<p>Continued From page 5</p> <p>On 1/6/15 in the afternoon, the Director of Nursing indicated there were no other completed reviews in the medical record.</p> <p>Resident #11</p> <p>On 7/12/14, Resident #11 was admitted with a diagnosis of chest pain, and on 8/18/14, Resident #11 was readmitted with diagnoses of chest pain, shortness of breath, difficulty walking, muscle disuse atrophy, encephalopathy, and moderate dementia.</p> <p>On 8/26/14, a physician ordered Restoril 30 milligrams as needed at bed time for insomnia. The January 2015 medication administration record showed Resident #11 received Restoril each night at 9:00 PM for January 1-5.</p> <p>On 1/6/15 at 2:45 PM in the afternoon, Resident #11's medical record lacked a psychotropic consent for Restoril administration. The Director of Nursing indicated there was no psychotropic consent for Restoril administration in the medical record.</p> <p>According to the facility's policy, Behavior Management (effective 12/31/10), "...Procedure...3. Whenever an order is obtained for psychotropic medication (s), the licensed nurse verifies that informed consent has been obtained..."</p> <p>Complaint #NV00041437</p>			F 329			